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MARGIN RESERVED FOR BINDING

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth
(Registration District)

ARIZONA

County

No.

St.

SEX OF CHILD* Twin
Triplet
or other? } and } Number
in order
of birth

DATE OF BIRTH* MAY 11 1910
(Month) (Day) (Year)

FULL* FATHER
NAME JOSEPH, HENRY, GORDON.

FULL* MOTHER
NAME KATIE, AMELIA, SIMPER.

I HEREBY CERTIFY that the child described herein
has been named

MILDRED, KATIE, GORDON.

(Give name in full)

(Surname)

KATIE, A. GORDON.

(Parent's Signature)

DR. SHAW, J. GLOBE, ARIZ.

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

SM 7/11/40

475-511-229